

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Michael R. Pence**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

### Behavioral Health and Human Services Renewal

Your behavioral health and human services license in the state of Indiana expires on April 1, 2014. You may renew your license online at [www.pla.in.gov](http://www.pla.in.gov). To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$50.00 to the office address shown in the above left corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after April 1, 2014 you must include a \$50 late fee. Allow at least 4 weeks for processing. If you answer 'Yes' to any question below, send a detailed statement regarding the response with this form. Have questions? Contact the Board at [pla8@pla.in.gov](mailto:pla8@pla.in.gov).

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Enter Licensee Name	Enter License Number	Expiration Date 4/1/2014	Renewal Fee \$50.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Since you last renewed, has any healthcare license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?			YES NO
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?			YES NO
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Behavioral Health and Human Services Licensing Board statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us at [www.pla.in.gov](http://www.pla.in.gov) for more information regarding your license, or email the Board at [pla8@pla.in.gov](mailto:pla8@pla.in.gov).

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date